		(Original Signature of Member)
	TH CONGRESS 1ST SESSION	H. R
sta		of the Social Security Act to provide a consistent e to incarcerated individuals, and for other purposes.
	IN THE H	OUSE OF REPRESENTATIVES
Ŋ		Hampshire introduced the following bill; which was ommittee on
		A BILL
То	a consistent st	IX of the Social Security Act to provide and and of health care to incarcerated indicate other purposes.
1	Be it enac	ted by the Senate and House of Representa-
2	tives of the Uni	ted States of America in Congress assembled,

This Act may be cited as the "Humane Correctional

4

SECTION 1. SHORT TITLE.

5 Health Care Act".

1	SEC. 2. REPEAL OF MEDICAID EXCLUSION RELATING TO IN-
2	CARCERATED INDIVIDUALS.
3	(a) In General.—Section 1905(a) of the Social Se-
4	curity Act (42 U.S.C. 1396d(a)) is amended, in the matter
5	following paragraph (31), by striking "such term does not
6	include—" and all that follows through "patient in an in-
7	stitution for mental diseases" and inserting "such term
8	does not include any such payments with respect to care
9	or services for any individual who has not attained 65
10	years of age and who is a patient in an institution for
11	mental diseases".
12	(b) Conforming Amendments.—Section 1902(a)
13	of the Social Security Act (42 U.S.C. 1396a(a)) is amend-
14	ed—
15	(1) by striking paragraph (84); and
16	(2) by striking subsection (nn).
17	(c) Effective Date.—The amendments made by
18	this section shall apply with respect to medical assistance
19	provided on or after January 1, 2022.
20	SEC. 3. REPORT BY COMPTROLLER GENERAL.
21	Not later than the date that is 3 years after the date
22	of enactment of this Act, and annually thereafter for each
23	of the following 5 years, the Comptroller General of the
24	United States shall submit to Congress a report con-
25	taining the following information:

1	(1) The percentage of incarcerated individuals
2	that receive medical assistance under a State plan
3	under title XIX of the Social Security Act (42
4	U.S.C. 1396 et seq.).
5	(2) The access of incarcerated individuals to
6	health care services, including specialty care, and
7	health care providers.
8	(3) The quality of health care services provided
9	to incarcerated individuals.
10	(4) Any impact of coverage under such a State
11	plan on recidivism.
12	(5) The percentage of incarcerated individuals
13	who, upon release, are—
14	(A) enrolled under such a State plan; and
15	(B) connected to a primary care provider
16	in their community.
17	(6) Trends in the prevalence and incidence of
18	illness and injury among incarcerated individuals.
19	(7) Any other information the Comptroller Gen-
20	eral determines necessary regarding the health of in-
21	carcerated individuals.
22	SEC. 4. SENSE OF CONGRESS ON INCARCERATION AND
23	COMMUNITY-BASED HEALTH SERVICES.
24	It is the sense of Congress that—

1	(1) no individual in the United States should be
2	incarcerated for the purpose of being provided with
3	health care that is unavailable to the individual in
4	the individual's community;
5	(2) each State and unit of local government
6	should establish programs that offer community-
7	based health services (including mental health and
8	substance use disorder services) commensurate with
9	the principle stated in paragraph (1); and
10	(3) Federal reimbursement for expenditures on
11	medical assistance made available through the
12	amendments made by this Act should not supplant
13	an investment in community-based services.